FOUNDATIONS, COMPETENCIES, AND CURRICULAR GUIDELINES FOR BASIC TO DOCTORAL HOLISTIC NURSING EDUCATION

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EXCERPTS FROM CURRICULAR GUIDELINES

OVERVIEW

The increasing globalization of healthcare, changing demographics and expanding diversity of populations, and rapid technological changes mandate that nurses possess diverse skills and competencies to provide holistic, culturally sensitive healthcare (Institute of Medicine, 2001; 2003a, b; 2010a, b, c). The Essentials of Baccalaureate Education (AACN, 2008), Essentials of Graduate Education (AACN, 2011), and Graduate-level QSEN Competencies: Knowledge, skills, and attitudes (AACN, 2012) delineate academic criteria required to prepare baccalaureate and graduate nurses, respectively. Concurrently, the Standards of Practice (ANA, 2015; AHNA/ANA, 2018) provide direction for state and national legislation of nursing practice. The recent shift in focus on person-centered care, health, and wellness indicates a need to compliment the Essentials to include knowledge, skills, and attitudes based in the foundations of holistic philosophy, theories, and health sciences that emphasize the inter-personal relations between nurse and consumers, dynamic relations among mind-body-spirit, the individual’s perspectives as primary information, and factors that affect the individual’s wellness and wellbeing.

Holistic Nursing, an integration of science and art, is based in the belief that humans are unitary, energetic beings, open to and constantly interacting with the energy system of the universe (Rogers, 1989). The evolving pattern of the whole that results is an expanding consciousness (Newman, M., 1986). Holistic
Nursing interventions are the creation of artistic actions, based on the sciences of caring, health, wellness, wellbeing, and healing. They are designed to facilitate the holistic person’s growth, health, and healing (AHNA/ANA, 2018). Holistic Nursing practice focuses on creating inter-personal relationships needed to facilitate and enhance the individual’s healing with the goal of a maximum state of health, wellness, and wellbeing (AHNA/ANA, 2018). They emphasize the natural integration of the parts of the whole in such a way that the holistic being is dynamic, interactive, and greater than the sum of the parts—a holistic unity that cannot be reduced or separated, and is necessary for eudemonistic health, wellness, and wellbeing.

The Scope and Standards of Holistic Nursing Practice 2cd Ed. (2017), co-published by The American Holistic Nurses Association (AHNA) and The American Nurses Association (ANA) provides an explication of Holistic Nursing with a detailed discussion of the scope of Holistic Nurses’ practice, including the Core Values, Principals, Standards, and related Competencies (AHNA/ANA, 2018). The Core Values provide a philosophical context for practice and guide how Holistic Nurses think about the Standards and Competencies. The Principals of Holistic Nursing summarize the major themes of the Philosophy. The Standards set the norms or criteria for the Holistic Nursing practice; the Competencies explicate the activities and behaviors required of Holistic Nurses that are legislated through Nurse Practice Acts. Holistic Nursing, grounded in the discipline of Nursing, is congruent with relational ontology, ethic, philosophy, and values that define nursing’s discipline, and its most mature evolution to the unitary level of scholarship and practice (Watson, J., 2017).

This work complements the basic and advanced essentials of nursing by clarifying and standardizing required foundations and competencies of Holistic Nursing, and providing a formalized structure for educational curricula needed to seamlessly prepare Holistic Nurses across levels of education (Summer & Bickford (2017). As such, it provides direction for unifying Holistic Nursing’s education, research, and practice and presents evidence that nurses educated at the graduate level of Holistic Nursing are prepared to practice as Advanced Practice Holistic Nurses. Reflective guidelines are provided to facilitate understandings and use of the narrative that follows.

REFLECTIVE GUIDELINES

Grace, Willis, Roy, & Jones (2016) stated, Newman et al. published a focus of the discipline of nursing which built on earlier nursing scholarship to submit that the domain of inquiry of nursing is “caring in the human health experience” (Newman, Sime, & Corcoran-Perry, 1991). Since then, Newman’s ideas have been revisited (Newman, Smith, Pharris, & Jones, 2008, E16), refined, and reified in the assertion that the “caring, knowing presence of the nurse taps into what is meaningful for the patient”. This focus regardless of underlying philosophical assumptions permits the unification of nursing practice, thus also knowledge development, across settings and countries (p. 65). This work is for all who practice nursing.

Nursing has a social moral imperative to practice within its own discipline, not the discipline of medicine, or other professional groups. While knowledge from other disciplines might be used to clarify or validate nursing’s discipline, it cannot direct or define our practice. Our practice, authorized by society, must be defined within the context of our social contract with society. Nursing’s challenge to meet this social imperative is impacted by a lack of clarity of our purpose. Contemporary issues that affect social demands such as economic restraints and social-political factors, compound this state of affairs. The authors of this publication revisited these issues to determine what would help remove barriers between nursing’s commitment to society and our current practices.

While AHNCC had established a Holistic Nursing Endorsement Program in 1999, criteria for
endorsement were primarily based on inclusion of basic Holistic Nursing precepts. Specific educational guidelines, consistent with the Essentials of Nursing education were missing. This publication posits a formalized structure for educational curricula needed to seamlessly prepare Holistic Nurses across levels of education (Summer & Bickford (2017). It contains the required components of nursing education based in the philosophy and values of Holistic Nursing, and provides direction for unifying Holistic Nursing’s education, research, and practice. It is written within the context of evidence-informed practice as opposed to evidence-informed practice. Our intent is to ensure that Holistic Nursing educational programs are designed to ensure students’ acquisition and ability to apply knowledge, skills, and attitudes of the Holistic Nursing discipline in their practice. Foundational principles of Holistic Nursing education, listed below, are described and explained by the narrative that follows.

**Foundational Principles Of Holistic Nursing Education**

• The role of Holistic Nurses, defined by the American Holistic Nurses Association and the American Nurses Association as caring-healing processes of holistic beings, is a moral, social imperative (AHNA/ANA, 2018).

• The Holistic Nursing discipline is based in the sciences of health, wellness, and wellbeing and framed by the unitary philosophy and science of energetic-connectedness of humans, environment, and universe.

• Unity of the whole requires that holistic nurses embrace all of the patterns of knowing as sources of information for building the discipline of Holistic Nursing.

• Holistic Nurses embrace evidence-informed practice because it requires integration of the individual’s personal needs and preferences, related evidence drawn from multiple sources, and the professional’s clinical expertise (LoBiondo-Wood, Cameron, & Singh (2013; Pollard, 2008).

• Holistic Nursing mandates recognition of the dynamic interaction of research, practice, education, professional standards, and legislation. Each informs the other; each is necessary to develop the discipline of Holistic Nursing.

• Expertise is acquired through recognition, acquisition, and the artistic application of knowledge, skills, and attitudes framed by Holistic Nursing philosophy, values, and theories and clarified by patterns of knowing.

• A structured, organized educational model based in these premises, consistent with the Scope and Standards of Nursing (ANA, 2015), and the Standards of Holistic Nursing (AHNA/ANA, 2018) will advance Holistic Nurses ability to more fully meet their social commitment.
# PARADIGMS DRIVING NURSING EDUCATION AND RELATED PRACTICE MODELS

## PARADIGMS OF NURSING

<table>
<thead>
<tr>
<th>Source</th>
<th>Paradigm Characteristics</th>
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## PRACTICE MODEL (PRAXIS)

<table>
<thead>
<tr>
<th>Model</th>
<th>Essence of human nature</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Biomedical, Disease Prevention Practice Model¹</td>
<td>Wholistic: The whole of the human being is the sum of the parts</td>
<td>Health² is the cure, management, or control of conditions, sickness, disease</td>
</tr>
<tr>
<td>Eudemonistic Health Promotion, Restoration, and Maintenance Practice Model²</td>
<td>Holistic: The whole is greater than the sum of the parts</td>
<td>Health² is a balance wherein the individual experiences a sense of wellbeing, expresses quality of life</td>
</tr>
</tbody>
</table>

## PHILOSOPHICAL UNDERPINNINGS

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Unitary Holism: The human energy field within the total pattern of consciousness of the universe</th>
<th>Integrative Holism: Dynamic, ongoing, interactive relations among the multiple dimensions of the human being</th>
<th>Wholism: Multiple dimensions that combined create a whole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice focuses</td>
<td>Practice focuses on balancing the energy field within the human and the environment</td>
<td>Practice focuses on facilitating maintenance and restoration of a balance in Inherent biophysiological psycho-sociol abilities</td>
<td>Practice focuses on balancing and maintaining energy field in synchrony with environment and universal consciousness</td>
</tr>
<tr>
<td>Focus on prevention</td>
<td>Focus is on prevention, management, control of conditions, sickness, disease of the integrated human being</td>
<td>Focus is on patterns- of-health, health alterations, among and between the multiple dimensions of the whole with recognition and inclusion of the environment</td>
<td></td>
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## COMPETENCIES

| Competencies                                           | Focus is proactive doing to and for others validated by science, supported with ethical knowing with consideration of other sources of knowing as indicated | Focus is on intentional being and being-with another, synchronizing energy fields by incorporating multiple sources of knowing and validating by the scientific process |

## KNOWLEDGE/DISCIPLINE/ONTOLOGY

### CONSTRUCTS

- Consciousness (Energy, inter-connectedness, Centering, presence, intentionality, Communications, Health, Wellness)

## SCIENCES

- Empirical knowing

## WAYS OF KNOWING

- Spiritual knowing

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<table>
<thead>
<tr>
<th>Ethical knowing</th>
<th>Empirical knowing</th>
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<tbody>
<tr>
<td>Esthetical knowing</td>
<td>Personal knowing</td>
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<tr>
<td>Personal knowing</td>
<td>Sociopolitical knowing</td>
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<tr>
<td>Sociopolitical knowing</td>
<td>Reflexivity</td>
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<tr>
<td>Reflexivity</td>
<td>Emancipatory knowing</td>
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<tr>
<td>Emancipatory knowing</td>
<td>Unknowing</td>
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<tr>
<td>Unknowing</td>
<td>Spiritual Knowing</td>
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**PEDEOGOGY**

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<tr>
<th>STANDARDIZED EDUCATIONAL MODEL</th>
<th>Teaching Methods</th>
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<tbody>
<tr>
<td>Foundations, Competencies and Curricular Guidelines for Basic to Doctoral Holistic Nurse Education, Edition 1</td>
<td>Didactic lecturing</td>
</tr>
<tr>
<td>Didactic lecturing</td>
<td>Discovery learning/ e.g. active and interactive learning</td>
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1. Disease prevention model focuses on prevention, management, control of conditions, sickness, disease with consideration for differential dx, and treatment.

2. Eudaemonistic Health model focus on inherent human's abilities to self-regulate its own multiple dimensions with recognition of alterations in health that affects ones wellbeing as evidenced by patterns-of-phenomena related to the holistic being.

3. Health is the outcome goal of all healthcare professionals, e.g. medicine, nursing, social-work, pharmacologist, etc. However, the essence of “being healthy” varies depending on how the professional group perceives their role. WHO defines health as “…a state of complete physical, mental, social well-being and not merely the absence of disease or infirmity. This version of health is consistent with the wholistic version of nursing.